Data reasingly			
Date received:			
Ву:			
Amount refunded:			HAMPSHIRE Park District
Date:			
			Hampshire Park District 390 South Avenue
			P.O. Box 953
Han	npshire Township Park District		Hampshire, IL 60140
Pavilio	n/Picnic/Party Reservation For	m	847-683-2690
Sey	ller, Schmidt or Rackow Park		Fax: 847-683-1741
Date of Event			
Facility Reserved:			
Ralph Seyller Park Pavilion		_(\$20 refundable der	posit required)
-	mall)(large)		
Rackow Park Shade Structure			
Hines Pavilion (Rackow Park Woo	ds)		
*A Port-o-let is not available at this location	n unless paid for by the renter for the event.		
	unds or the splash pad. We are providing tal	bles/shelter, but the r	oublic can still at the
	ds are not offered, however, a second date of		
can be rented as a back-up.		an be reserved if para	
Time of Day FromUntil			
Name (Name of Individual/Group)		Home Phone Cell Phone	
(Name of Individual/Group)	Cell Phone		
Address			
Street	City	Zip	
	nks, petting zoo, etc.) be brought in that day		
	nce from the company providing the service	and proof of license i	s required.
Will you be providing and/ or serving alcoho			
If YES, please ask staff for addition			
How many people will be attending?	_1-100100+ roup will have to provide a dumpster and an	ADA Port-O-Let at an	w nark that is rented
ij over 100 people the marriada y		ADA FOIT-O-LET UT UT	iy purk that is relited.
FEE SCHEDULE FOR	RESIDENT	NON-RESIDENT	TOTAL
1-4 hours (Seyller, Schmidt)	\$90.00	\$105.00	
Additional hours over 4	\$20.00 (per HR)	\$25.00 (per HR)	
Horseshoe Deposit (refundable)	\$20.00	\$20.00	
Reservation Deposit (refundable)	\$65.00	\$65.00	
		TOTAL FEE	<u> </u>
	OFIT ORGANIZATIONS THAT ARE WITHIN THE H		
	ritable, religious or youth serving group with	in the Park District bo	oundaries. Proof of
501(c)3 status to accompany this form.			

## Payment in full, including deposit, is required when reservation is booked.

*I/We the undersigned have received, are aware and will abide by the guidelines listed within the Hampshire Township Park District Agreement For Use of Facilities. I/We understand that if the equipment rented is not returned or returned damaged we forfeit the deposit fee.* 

Signature of Applicant

Date